



Department
of Health &
Social Care

Equality Analysis

Reforming healthcare education funding: creating a sustainable future workforce (Revised Edition)

February 2018

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Contents

Contents	3
Executive summary	4
1. Introduction.....	6
2. Evidence.....	10
3. Disability	11
4. Sex	13
5. Race	15
6. Age	17
7. Gender reassignment (including transgender)	19
8. Sexual Orientation.....	20
9. Religion or belief.....	21
10. Pregnancy and maternity	23
11. Carers	24
12. Other identified groups.....	25
13. Summary of analysis.....	28
14. Further points	29

Executive summary

- 1.1. This document has been revised following our response to the government consultation 'Reforming healthcare education funding: creating a sustainable future workforce' published on 21 July 2016.
- 1.2. On 1 August 2017, the government changed the funding system and financial support offered to nursing, midwifery and allied health professional (AHP) students. The majority of new students are now funded through the standard undergraduate loans-based model administered by the Student Loans Company (SLC) rather than through the NHS Bursary. The aim of the reforms was to provide a more sustainable model for universities whilst increasing the supply of nurses, midwives and other AHPs to the NHS.
- 1.3. However the consultation on the healthcare funding reforms recognised that there were a number of pre-registration postgraduate nursing, midwifery and AHP courses that would not be eligible for the post-graduate master's loan (PGML) provided by the SLC, owing to differences in the qualifications obtained and/or course structures. This created a risk that were an alternative funding package not made available to prospective postgraduate healthcare applicants, student numbers could fall and therefore workforce supply could be at risk. For the purposes of securing longer term workforce supply, a transitional bursary scheme has been put in place students commencing courses in 2017/18 and new students will move onto the loans-based system from 2018/19.
- 1.4. The consultation also acknowledged a concern with the funding model for five courses for Dental Hygiene and Dental Therapy (DHDT) students which currently sit outside the Higher Education Funding Council for England (HEFCE) system. These courses cannot be automatically designated for student finance because the institutions are neither publicly funded, nor provide courses which lead to an award granted by a university, college or other body authorised by Royal Charter or Act of Parliament. Feedback from the Dental Schools Council and providers suggested that lack of designation for student loans could have a detrimental impact on workforce supply as these courses could be forced to close. Student at most DHDT courses will have to access the loans-based system, however five courses have not been able to reform within the timeframes. To mitigate against future workforce supply risks, the government intention is that for 2018/19 there will be a mixed model of funding: a capped number of students at the five non-HEFCE affiliated institutions will continue under the same non-repayable terms as the NHS Bursary system until 2019/20 when the courses are expected to have been reformed, and students attending courses which meet the requirements for designation will be able to access loans. This Equality Analysis sets out the rationale and justifications behind both of the above choices, adverse impacts we anticipate, and mitigations we have taken to reduce them.

- 1.5. It is important that these reforms are in accordance with our obligations and responsibilities in respect of equality. Under the Equality Act 2010, the Department of Health and Social Care (DHSC), as a public authority, is legally obliged to give due regard to equality issues when making policy decisions. Analysing the effects on equality of this policy reform through developing an equalities analysis is one method of ensuring that consideration of equality issues is built into the policy development process, and informs Ministers' decision making.
 - 1.6. In considering the policy to withdraw both the current NHS maintenance bursary and free tuition for all new postgraduate students and most students starting dental hygiene and dental therapy courses from August 2018 and move them on to the loans-based model, the Secretary of State for Health and Social Care must comply with the Public Sector Equality Duty (PSED) and consider the Family Test.
- Public Sector Equality Duty (Section 149 Equality Act 2010)
- 1.7. The general equality duty within the Act comprises three equality objectives and requires the Secretary of State and public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
 - 1.8. The protected characteristics covered by this duty are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The protected characteristic of marriage/civil partnership is covered by the PSED but only in respect of the first strand/objective, i.e. the duty to eliminate unlawful discrimination etc.
- The Family Test
- 1.9. The Secretary of State must consider and, where sensible and proportionate, apply the Family Test. The five family test questions are:
 - What kinds of impact might the policy have on family formation?
 - What kind of impact will the policy have on families going through key transitions such as becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities or the onset of a long-term health condition?
 - What impacts will the policy have on all family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities?
 - How does the policy impact families before, during and after couple separation?
 - How does the policy impact those families most at risk of deterioration of relationship quality and breakdown?
 - 1.10. The impact of the policy on this duty has been considered within this Equality Analysis.

2. Introduction

- What are the intended outcomes of this work?
 - 2.1. The intention of the healthcare education funding reforms was to create a funding model that provided more upfront living cost support for students, a sustainable model for universities, and secured workforce supply. Providing loans-based funding for postgraduate nursing, midwifery and AHP students is intended to meet these goals as well as maintain the supply route to positions of clinical leadership and expertise. The long-term plan for DHDT students also aligns with the goals of the reforms. The mixed funding model is intended for the academic year 2018/19 only and is justified as necessary to maintain workforce supply and course sustainability.
- Who would be affected?
 - Postgraduates
 - 2.2. Pre-registration courses, both undergraduate and postgraduate, are those at the end of which a student registers to practise for their chosen profession. A student graduating from an undergraduate nursing degree and a student graduating from a postgraduate nursing degree will both, therefore, have achieved the same level of competency to practise nursing. However, postgraduate students may possess greater skills in the fields of research, leadership and project management. Responses to the initial consultation referred to postgraduate students being more likely than undergraduate students to move on to areas of clinical expertise or leadership; failing to fund them could therefore have a detrimental effect on wider healthcare provision.
 - 2.3. From the academic year 2016/17 onwards, eligible postgraduate masters students not eligible for healthcare bursaries have been able to access a loan of up to £10,280 from the SLC to contribute to the costs of obtaining a postgraduate master's degree. Due to reasons discussed in the next paragraph this model was not appropriate for postgraduate pre-registration healthcare students. When responding to the consultation, some stakeholders explained that the terms of this loan, designed for the general postgraduate student population, would exclude their pre-registration course because of differing structures. For the purposes of securing longer term workforce supply and ensuring course sustainability, the government, for the cohort starting in 2017/18 and for a capped number of students, provided a bursary for tuition and maintenance to meet the full costs of the course for postgraduate students. It was made clear that this was a transitional arrangement and the intention of the government in the long term was for these courses to reform to fit the standard student funding model from September 2018.
 - 2.4. In addressing the issues around postgraduate funding the government considered several options. Firstly, as outlined in the consultation, the current bursary-funding model was not a sustainable model for universities and was placing an artificial "cap" on training numbers and therefore on workforce supply. Removing the cap enforced by the bursary system promotes equality of opportunity by enabling more students to pursue a career in healthcare and means universities can expand their student numbers in a sustainable way. Secondly, eligibility criteria for the existing PGML meant it would not be available for many courses and these courses, or the loan product, would have required

a potentially lengthy reforming process. Respondents to the consultation also felt that the maximum loan amount of £10,280 available under the PGML would still require students to self-fund substantially and this prospect could lead to a reduced student intake and potentially to courses being forced to close. Thirdly, should neither a bursary nor an appropriate loan model have been available, students would have been forced to self-fund entirely; this would have been even more likely to reduce intake drastically and precipitate course closures. The government also considered adopting the undergraduate loans package; this was chosen as it has the benefit of increased funding for up-front living costs for students and is a sustainable model for universities and the healthcare workforce. Department for Education (DfE) data showed the bursary system supports only a single part-time postgraduate healthcare student and the cost of developing an additional loan system would be disproportionate so part-time students are not included in the reforms. However, this will be kept under review.

- Dental Hygiene and Dental Therapy (DHDT) Students

2.5. DHDT are specialisms that have been eligible for support under the NHS bursary system. The consultations on reforms to healthcare education funding acknowledged that some courses are not designated because the courses are not provided by an authority funded institution and the course does not lead to a recognised award granted by an authorised university, college or other body. They also do not meet the conditions and criteria for specific designation. This prevents students from accessing the standard student support package and also means institutions are not eligible for HEFCE support. Feedback from the Dental Schools Council suggested this would have had a detrimental impact on workforce supply, as these courses could be forced to close as a result. As a result, in order to maintain workforce supply, the decision was taken to remove DHDT students from the scope of the reforms for the 2017/18 academic year. As a transitional measure, students on DHDT courses commissioned by Health Education England (HEE) and starting in 2017/18 would continue to access bursaries and the intention was for new students in 2018/19 to access funding from the SLC, once the courses had been reformed to fit the HEFCE model.

2.6. However, as of October 2017, five institutions remain outside the scope of HEFCE funding which, at around 100 students per year, account for nearly a third of the DHDT student cohort in England. Two of these institutions are in the same location, suggesting there could be a geographical cold spot which could leave a shortfall in supply. To mitigate the adverse impact on workforce numbers, the government is funding a capped number of students at the five non-HEFCE affiliated institutions in 2018/19 under the same non-repayable terms as the NHS Bursary system. New students on the remaining courses will have access to loans from 2018/19.

2.7. It was not the intention of the government to provide a mixed model of funding for DHDT students in the 2018/19 academic year but is instead a measured response to circumstances outside of the government's control and is designed to minimise the negative impact on students. The aim from the outset has been to create a more sustainable funding system that allows for an expansion in student numbers and will in turn contribute to a workforce which is under ever-increasing demand. The five providers in question will be required to restructure their courses for the 2019/20 academic year and the student intake will fall into line with the wider DHDT loans-based funding model.

- Adverse impacts

2.8. The undergraduate loans-based model for financial support is available to eligible students in England undertaking designated courses who meet the eligibility criteria. If an eligible student secures a place on a designated higher education course they are entitled to apply for student support. Although to a lesser extent than undergraduate nursing, midwifery and AHP courses the postgraduate courses have a disproportionately female intake and so the reforms will possibly have an adverse impact on women. There is also some evidence that women, older students, those with a lower income and students from some religions are slightly more likely to be averse to taking out increased borrowing.¹ The increased student loan borrowing burden for postgraduate and DHDT students on HEFCE-affiliated courses may therefore make their participation on courses less likely. This assessment addresses those who may be adversely affected by referring to the broader need to reform the bursary-model and also to the steps we have taken to mitigate potentially harmful impacts. The impact of not providing funding for potential students on part-time postgraduate courses, where women are usually overrepresented, is considered to be minimal because only one student is currently studying part-time on healthcare postgraduate courses.

- Mitigations: Higher up-front financial support, hardship funds, protection during repayment and childcare allowance

2.9. The loans-based model offers substantially more upfront living cost support than the combination of means-tested and non-means-tested bursaries under the NHS Bursary Scheme. In 2012/13, 63% of the Access to Learning Fund at King's College London went to NHS-funded students. This is indicative of the fact that the current NHS Bursary is not sufficient to maintain nursing, midwifery and AHP students, when compared to the loans-based model. For example, a £8,430 loan per year was available for maintenance to each student under Student Finance England provisions in 2017/18, as opposed to a £3,643 grant under the NHS Bursary system. Therefore, providing support through standard undergraduate student loans would, in general, provide more living cost support for postgraduate students during their studies.

2.10. There is protection for low earners built into the loans-based model for financial support. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced. Repayments are income-contingent, set at 9% of any earnings over £21,000 (this threshold figure is due to increase to £25,000 in April 2018). If earnings drop below the threshold for any reason, then repayments stop. Any outstanding loan balance is written off 30 years after the repayment period starts.

2.11. Through the consultation process, the Department received evidence of the need for supplementary funding to the higher education student loans system in the case of healthcare students. Four elements of supplementary funding have been made available to undergraduate nursing, midwifery and AHP students and such funding will also apply to postgraduate nursing, midwifery and AHP students. Firstly, students will be able to

¹ [http://www.universitiesuk.ac.uk/highereducation/Pages/StudentStudent loan repayments.aspx#.VpjHpsriUk](http://www.universitiesuk.ac.uk/highereducation/Pages/StudentStudent%20loan%20repayments.aspx#.VpjHpsriUk)

apply for reimbursement of essential expenses, over and above their normal daily travel costs, as a result of attending practice placements. Secondly, the Exceptional Support Fund will provide an income-assessed non-repayable grant of up to £3,000 per student per year for those facing severe financial hardship who have exhausted all other available sources of funding. The third element, Child Dependents Allowance, is discussed in more detail in the following paragraph.

- 2.12. The Department recognises support with childcare costs is a key issue for healthcare workers and has noted the concerns that in certain, specific situations, some students with child dependents may potentially find themselves able to access less support on the higher education loans-based model when compared to childcare support through the NHS bursary system. As set out in the consultation response, the Department will provide additional support of £1,000 per student with dependents, per academic year, in order to ensure that those students with child dependents can continue to study and attend clinical placements. This will not affect these students' access to childcare support provided by the standard higher education financial loans-based model. As well as preventing a risk to student numbers, this additional targeted support will help mitigate any risk of these prospective students potentially being disadvantaged from changes to the funding mechanisms.

3. Evidence

3.1. Office for National Statistics (ONS)

<http://www.ons.gov.uk/ons/index.html>

Source of data relating to the population of England and the UK. Where possible, this report has used population estimates for mid-2016, as these are the closest available to the most recent equality monitoring data collection for NHS Bursary recipients. Where this is not possible, 2011 census data has been used. We have endeavoured to use population figures for England, as these are the most appropriate figures for the policy. Where this has not been possible we have used figures for the UK population; this is indicated throughout the text.

3.2. NHS Business Services Authority (BSA)

<http://www.nhsbsa.nhs.uk/>

Publishes annual reports containing Equality and Diversity data for current and past recipients of the NHS Bursary covering the following protected characteristics: Sex, Age, Sexual Orientation, Disability, Ethnicity and Religion/Belief.

3.3. Universities and Colleges Admissions Service (UCAS)

<https://www.ucas.com/corporate/data-and-analysis>

Publishes data covering applications and admissions to full-time higher education in the UK.

3.4. Family Resources Survey

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600465/family-resources-survey-2015-16

Information on disability rates in the working age population.

4. Disability

	Nursing, Midwifery, AHP students		DHDT Students		
	Undergraduate	Postgraduate	HEFCE Providers	Non-HEFCE Providers	General UK Population
Disability prevalence	3.63% ²	4.63%	3%	4%	18.0% ³

Full-time students on the loans-based system are eligible for the following DSA in 2017/18:

Specialist equipment allowance	Non-medical helper allowance	General allowance
Up to £5,358 for the whole course	Up to £21,305 a year	Up to £1,790 a year

- Disability Support Allowance (DSA)

4.1. Both the NHS Bursary scheme and the loans-based model offer a non-means-tested, non-repayable DSA. Currently postgraduates for all courses can access a single allowance of up to £10,652 a year (£10,362 a year in 2016/17⁴) whereas the loans-based model provides up to £22,466 per year as well as a further allowance of up to £5,212 for the whole course⁵. This will bring the support in line with other undergraduate students. Although these figures are the maximum allowances, they show the reforms offer substantially higher financial support for disabled postgraduate students. The rates are comparable for DHDT students at HEFCE and non-HEFCE institutions across the bursary and loans-based funding systems. Actual disability-related travel costs reasonably and necessarily incurred are also reimbursed under the wider DSA scheme.

² 2.6% of students responded with "Prefer not to say"

³ This is the figure for the adult working age population: Family Resources Survey - Working Age Population (UK): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600465/family-resources-survey-2015-16.

⁴ <https://www.gov.uk/disabled-students-allowances-dsas/what-youll-get>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525934/NHS_Bursary_Scheme_New_Rules_5.2_A.pdf

- The Equality Act 2010
 - 4.2. Under the Equality Act 2010 colleges and universities must also take into account a person's disability when arranging work placements and liaise with the work placement providers to implement any necessary support. This is particularly pertinent to healthcare students as they undertake significant vocational training. Institutions have a responsibility to ensure that providers of work placements do not have discriminatory practices and also that they make reasonable adjustments for disabled people on a work placement. The length of the work placement may be a factor when determining whether an adjustment is reasonable.
- Repayment of student loan borrowing
 - 4.3. Students under the loans-based model will have incurred student loan borrowing of up to £60,756 in tuition fee loans and living cost loans, dependent on student and course characteristics, that students under the bursary system will not. Moving postgraduates and DHDT students on HEFCE-affiliated courses to the loans-based model would increase the total of student loan repayments that students need to make upon graduation. This may lead to increased worry, though Equality Analysis by DfE (formerly Department for Business, Innovation & Skills (BIS)) for 2017/18 does not identify disabled students as a group that are especially likely to worry about their student loan borrowing⁶. Evidence shows that increases in fees in the wider higher education system have not had a detrimental impact on the numbers of disabled students applying to university. The number of UK-domiciled entrants to full-time first degree courses with a known disability was 44,250 in 2015-16, which was an increase of 56 per cent since 2010-11 (HEFCE 2017). In addition to the justification and mitigations detailed in the opening summary, these reforms will substantially increase the non-repayable allowances for disabled students meaning their potentially adverse impact has been addressed.
- Further considerations for DHDT students at HEFCE institutions
 - 4.4. DHDT students may choose to study at one of the five institutions that will continue to attract bursaries in 2018/19. However, some students may have to travel further; this may be particularly difficult for students with disabilities. Practical considerations such as mobility and the accessibility of transport and buildings could create barriers that will specifically affect disabled students. Travel costs for disabled students are reimbursed under the bursary scheme, so a student travelling further would not necessarily be any more out of pocket than any other student. DHDT students with disabilities receive a similar amount of Disability Support Allowance and travel support through the loans-based model as those who are remaining on a bursary system.

⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577420/Equality_Analysis_for_Student_Support_Regulations_2016.pdf

5. Sex

	Nursing, Midwifery, AHP students		DHDT Students		
	Undergraduate	Postgraduate	HEFCE Providers	Non-HEFCE Providers	General population in England ⁷
Male	11.41%	16.69%	8%	6%	49.4%
Female	87.09%	80.45%	90%	94%	50.6%
Prefer not to say/other	1.5%	2.86%	2%	0%	n/a

- Profile of students

5.1. Postgraduate students are slightly less likely to be women than undergraduate students but the numbers are still above 80%. The number of female DHDT students at non-HEFCE institutions is slightly higher (94%, NHS BSA data) than at HEFCE affiliated institutions (90%, NHS BSA data). It is clear that this policy will affect women disproportionately however we have taken steps to mitigate the adverse impacts as described in the following paragraphs as well as the introductory summary to this document.

- The effect on women of moving to a loans-based model

5.2. Evidence shows that the fee increases in the wider higher education system which came into force in 2012, have not had a detrimental impact on the numbers of students applying to university. 18 year old women are around a third more likely than men of the same age to go to university in 2014 and disadvantaged 18 year old women are 50% more likely than disadvantaged men of the same age to go to university (DfE (formerly BIS), 2015; page 27). Participation in higher education by women has continued to increase since the 2012 reforms which introduced £9,250 tuition fees. However, postgraduate students tend to be older than undergraduates and are likely to have previous student loan borrowing. Based on evidence that women are slightly more likely to be averse to increased borrowing it is possible there may be a drop in women applying for postgraduate courses following the reforms. The loans-based model remains a preferable option compared to partial or full self-funding given that the bursary-scheme has been deemed unsustainable.

⁷ ONS - Mid Year 2016 (England)

- 5.3. As outlined in the introductory summary, the loans-based package typically offers around 25% more than the combination of means-tested and non-means-tested bursaries under the present NHS Bursary Scheme. The loans-based model also includes a Parent's Learning Allowance and a Childcare Allowance, which are, in most circumstances, more generous than their counterparts under the NHS Bursary scheme. Overall, postgraduates and DHDT students on HEFCE-affiliated courses would be at a financial advantage in terms of upfront funding but will have a substantial increase in student loan borrowing to repay after graduation. The situation is reversed for DHDT students on non-HEFCE-affiliated courses. Again, the implications of this mixed-model are not ideal but they are a pragmatic response which the Department considers is preferable and more equitable than the other scenarios outlined in the introduction.
- Mitigations to counter the adverse impact on women
- 5.4. The Department recognises support with childcare costs is a key issue and will, in appropriate circumstances and in addition to any other support previously outlined, provide additional yearly support of £1,000 per student with dependents in order to ensure that those students with child dependents can continue to study and attend clinical placements. As well as mitigating a risk to student numbers, this additional targeted support will help mitigate any risk of these prospective students potentially being disadvantaged from changes to the funding mechanisms. Furthermore, the Exceptional Support Fund (ESF) is available to eligible students experiencing severe financial hardship who have exhausted all other means of funding. A grant of up to £3,000 per academic year will be available to help students who can show that there is a shortfall between their income and expenditure which they are unable to manage by their own actions.
- Further considerations
- 5.5. According to NHS BSA data, female students are not significantly more likely to study part time than male students but are more likely to have child dependants. As such, considerations around flexible work patterns following graduation are of additional importance here, as women are more likely to take parental leave and/or take career breaks. For example consideration should be given as clinical placements can take place at unsociable hours of the day or night) and the associated issue of child care expenses are of importance to female students with caring responsibilities.

6. Race

	Nursing, Midwifery, AHP students		DHDT Students		
	Undergraduate	Postgraduate	HEFCE Providers	Non-HEFCE Providers	General population in England ⁸
White	75.78%	68.23%	77%	70%	85.4%
Black, Asian and Minority Ethnic	23.38%	27.67%	21%	30%	13.6%
Prefer not to say/not known	1.84%	4.10%	2%	1%	N/A

- Black, Asian, Minority Ethnic students and risk aversion to student loan borrowing

6.1. Across all nursing, midwifery and AHP courses, students of non-white ethnicity are more likely to have no income or resources of their own to declare when applying for their bursary, which points to a higher proportion of those from a minority ethnic group coming from a lower socio-economic background. There is evidence that students from ethnic minorities and students from lower income groups may be more averse to taking out increased borrowing. As previously noted there is protection built into the repayment system regarding repayments being linked to an individual's ability-to-pay.

6.2. Conversely, there is also evidence that students from some ethnic minorities are actually more likely to attend higher education than white students, even if they are from a disadvantaged background⁹. In the wider higher education system the introduction of an increase in fees has not put young people from disadvantaged backgrounds off from applying for higher education. The proportion of students from disadvantaged backgrounds entering higher education is up from 13.6% in 2009 to 20.4% in 2017, a

⁸ UK Census (2011) - England

⁹ <https://www.gov.uk/government/publications/higher-education-participation-socio-economic-ethnic-and-gender-differences>

time frame that includes the 2012 reforms to the DfE (formerly BIS) loans-based model for financial support to students¹⁰.

- Justification and Mitigations

6.3. Based on evidence that students from ethnic minorities and students from lower income groups may be more averse to taking out increased borrowing it seems possible there may be a drop in their applications for postgraduate courses following the reforms. However, this is also a preferable option to either reforming courses for the PGML, leaving students underfunded for up-front living costs, forcing them to self-fund or continuing the unsustainable bursary system.

6.4. We may expect some adverse impact on BAME DHDT students at HEFCE-affiliated institutions, based on the research on risk aversion. However, the mitigations outlined in this document's introduction, particularly those referring to the protection for low earners included in the repayment model, offer some mitigation for this possible impact. Once more, it is important to state that this mixed model was not a policy goal of the government, but rather a prudent response to exceptional circumstances that were out of the government's control.

6.5. It is important to note that there are links between ethnicity and religion. This characteristic is considered further below.

¹⁰ <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/ucas>

7. Age

	Nursing, Midwifery, AHP students		DHDT Students		
Age group	Undergraduate	Postgraduate	HEFCE Providers	Non-HEFCE Providers	General Population in England ¹¹
Under 25	56.54%	35.65%	58%	62%	30.2%
25+	43.46%	64.35%	42%	38%	69.8%

- Evidence on the impact of student loans (and associated repayments) on older students

7.1. There is evidence that older people are more averse to taking out increased borrowing, particularly if they have already taken out an undergraduate loan. This is reflected in the findings presented in a recent Equality Analysis conducted by DfE (formerly BIS)¹², stating that older students are in general more likely to worry about their financial situation, prefer to have a smaller, non-repayable financial support package, and are more likely to be deterred by the prospect of student loan repayments.

7.2. This paper also noted that, following the 2012 reforms, there was an initial dampening of demand in terms of applications for full-time undergraduate study among mature students, although this has recovered in terms of numbers of students accepted onto courses. It is worth noting that, as of 4th December 2017, according to the UCAS data the number of applicants who have confirmed places to study pre-registration nursing and midwifery in England from August 2017 was 22,575. This represents a drop of 3% from this time in 2016, which is consistent with the performance of other higher education courses when tuition fees were introduced historically, but is similar to the numbers at the same stage in 2014 and 2015. The standard loan repayment term of 30 years means that an older student may still be making repayments at an age where others may not. However, this is dependent on personal circumstances and a younger person may equally select to work part time meaning that their repayments would be spread over a longer period.

¹¹ ONS - Mid Year 2016 (England)

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482110/bis-15-639-student-finance-equality-analysis.pdf

- Postgraduates and DHDT Students

- 7.3. This issue is significant for postgraduate students who are, on average, older than undergraduate students. Although they will have access to the student loans-based model even if they already have a degree, there is some evidence to suggest that to the introduction of loans could have an adverse impact on more mature students' participation in nursing, midwifery and AHP degree courses in the future. The student loan borrowing they may have accrued from their undergraduate degrees could also be a significant factor in their participation rates.
- 7.4. Older DHDT students are more likely to have a degree already which would ordinarily exclude them from eligibility for the standard student support package. However, the government will exempt DHDT students accessing student loans from the equivalent or lower qualification (ELQ) and previous study rule and allow these students to apply for student funding support when they already have previous study and/or a comparable qualification. This will enable them to benefit from the greater level of living cost support during their studies; however, the students will have higher levels of student loan borrowing
- 7.5. 42% of DHDT students are over the age of 25 at HEFCE affiliated institutions, whereas the number is 38% at non-HEFCE affiliated institutions. The students on non-HEFCE affiliated courses will receive a bursary and will have significantly lower student loan borrowing once they graduate. However, they will not benefit from the greater funding for upfront living costs, around 25%, from which students on the loans-based model will benefit.
- 7.6. Reference again needs to be made to the justifications and mitigations in the opening summary, particularly the protections for low-earners built into the loan repayment model.

8. Gender reassignment (including transgender)

- 8.1. There is currently no data available on this characteristic for healthcare or other students. Similarly, the Office for National Statistics does not produce estimates of the number of transgender people living in the UK. Such students will benefit from the greater level of living cost support during their studies and incur a longer period of student loan repayments upon graduation, but to the same repayment terms already discussed, as any other nursing, midwifery and AHP student as a result of the reform.
- 8.2. There were no consultation responses that considered the impact of the reforms on students who are undergoing/have undergone gender reassignment, other than in responses that discussed impacts on students who identify as lesbian, gay or bisexual (which is expanded on further in the following section). Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact. The government is committed to monitoring and evaluating data in real time following the introduction of the reforms and will ensure that its analysis for all diversity characteristics is as comprehensive as possible.

9. Sexual Orientation

	Nursing, Midwifery, AHP students		DHDT Students		
	Undergraduate	Postgraduate nursing, midwifery and AHP	HEFCE Providers	Non-HEFCE providers	General population in England ¹³
Heterosexual/Straight	91.75%	86.44%	93%	96%	93.0%
Lesbian/Gay	1.57%	2.56%	1%	<1%	1.2%
Bisexual	0.91%	1.64%	1%	<1%	0.7%
Other	N/A	0.26%	1%	<1%	0.5%
Prefer not to say	5.79%	9.10%	4%	4%	N/A
Non-response	0%	0%	N/A	N/A	N/A

9.1. A very small number of responses to the consultation referenced students who identify as lesbian, gay, bisexual or transgender, stating that these reforms might further reduce participation of these students in healthcare courses. However, beyond these opinions, there is no evidence available to DHSC which would suggest the reforms would have an adverse impact on a student because of their sexual orientation. As mentioned previously the funding arrangements have in-built protection for low earners and this applies irrespective of sexual orientation. Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact.

¹³<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk>

10. Religion or belief

	Nursing, Midwifery, AHP students		DHDT Students		
	Undergraduate nursing, midwifery and AHP students	Postgraduate nursing, midwifery and AHP	HEFCE Providers	Non-HEFCE providers	General population in England ¹⁴
Christianity	47.42%	43.25%	44%	39%	59.4%
No Religion/Atheist	36.12%	38.01%	32%	32%	24.7%
Islam	5.36%	3.25%	8%	9%	4.8%
Hinduism	0.96%	0.83%	3%	9%	1.5%
Sikhism	0.46%	0.43%	1%	2%	0.8%
Buddhism	0.55%	0.59%	1%	1%	0.5%
Judaism	0.22%	0.28%	0%	1%	0.5%
Other	2.54%	2.72%	3%	2%	0.4%
Prefer not to say/not stated	6.38%	10.64%	9%	6%	7.2%

10.1. The students under consideration in these reforms are less likely to have a religion than the English population as a whole. The policy does not directly discriminate on the basis of religion or belief; such students would benefit from the greater level of living cost support available during their studies and incur an increased time period of student loan repayments, but to the same repayment terms, as any other nursing, midwifery and AHP student. However, students from some religions may be averse to taking on student loan on religious grounds as outlined below.

- Alternative Student Finance

10.2. Currently, around 70% of nursing, midwifery and AHP students take on student loan repayments in the form of the reduced rate maintenance loan (designed to top up the amount currently available via the NHS Bursary) of up to £2,324 per year. We

¹⁴ <https://www.nomisweb.co.uk/>

understand the concern that some prospective Muslim students could be deterred from pursuing their education because they feel unable to use interest bearing student loans.

- 10.3. Muslim women have lower participation rates than Muslim men (43% of Muslim students are women), and their participation rates may be especially affected if they are reliant on family income rather than student loans.
- 10.4. The government consulted on whether to introduce an alternative finance product based on the principles of Islamic finance in April 2014. The consultation had almost 20,000 responses, and 94% of respondents said that there would be demand for an alternative finance product. The Higher Education and Research Act 2017 permits the Secretary of State to award students “alternative payments”, which are neither grants or loans. The Department for Education will provide details of are working towards delivery of alternative student finance for academic year 2020/21 for new undergraduate students.

11. Pregnancy and maternity

- 11.1. As stated above, due to the larger proportion of women on the courses in these reforms and the larger proportion of women over the age of 25, who are most likely to give birth, the pregnancy and maternity characteristic is relevant for this policy change. Some respondents to the original consultation had concerns that, following the move from bursaries to loans, healthcare students may find it difficult to return to study shortly after having a child. Others put forward that the clinical placement element of study meant students may be deterred from returning to study quickly. The government has considered these responses and believes that there is suitable support offered under the Education (Student Support) Regulations 2011 for students who fall pregnant and need to return to their studies later. It is worth noting that data on the student population as a whole is poor. The National Union of Students (NUS) has published a report on student parents, acknowledging that we do not know exactly how many students have children.
- Comparing the support on the bursary system to the loans-based system
- 11.2. Students still accessing the NHS Bursary will be eligible to apply for a maternity award which helps cover the cost of placement and a childcare allowance. Students are encouraged to take at least 12 weeks leave before they return to their training. A return date is agreed with their HEI, which can be renegotiated at a later date. Failure to return to their training without informing the academic authority can result in the student losing their bursary.
- 11.3. Regarding students who will move to the loans-based system, living cost support is provided by Student Finance England (SFE) for students who are absent from their course for 60 days for reasons including pregnancy. Extension of living cost support for absences greater than 60 days is provided on a discretionary basis if the student would be in financial hardship: the student and their HEI should agree a period of absence and terms of return. Given the discretionary nature of the provision of such support, this could potentially have an adverse impact on those students who do fall pregnant during their studies and therefore deter participation.

12. Carers

	Nursing, Midwifery, AHP students		DHDT Students	
	Undergraduate	Postgraduates	HEFCE-affiliated	Non-HEFCE affiliated
Dependent Adults	12.74%	10.64%	7%	7%
No dependant adults	87.26%	89.36%	93%	93%
Dependent children	22.29%	14.96%	11%	11%
No dependent children	77.71%	85.04%	89%	89%

- 12.1. Owing to the older, female demographic of current nursing, midwifery and AHP students, a higher proportion of students are likely to be parents and therefore have child dependants than the wider student population. 14.96% of postgraduate nursing, midwifery and AHP students have at least one child compared to 22.29% of undergraduates and so, in this sense, the reforms will have less of an impact on postgraduates than it had on undergraduates.
- 12.2. Female students are more likely to have child dependants, which may increase their outgoings, and, as mentioned previously, there is evidence that women are slightly more likely to be averse to taking out increased borrowing, which may affect their participation in such courses under the loans-based model. The protection for low earners built into the loans-based model has been detailed in the opening summary alongside the higher up-front living costs and the hardship fund.
- 12.3. There will also be additional support of £1,000 per person for nursing, midwifery and allied health profession students with child dependents provided with the purpose of maintaining access to clinical placements and other areas associated with compulsory study. Considerations around the working patterns associated with clinical placements (e.g. clinical placements can take place at unsociable hours of the day or night) and the associated issue of childcare expenses are also of importance to female students with caring responsibilities.
- 12.4. Regarding adult dependents, both the NHS Bursary and higher education student support schemes provide allowances at comparable rates (£2,448 and £2,834 respectively).

13. Other identified groups

- Socioeconomic Groups and Income

- 13.1. As set out in the Government response, the government will make available support to students in the form of travel grants, childcare allowances and other provisions including for cases of exceptional hardship, in order to keep healthcare courses accessible to everyone who is qualified to attend. We believe these provisions will reduce any potential adverse impacts on protected groups who are more likely to come from lower socio-economic backgrounds.
- 13.2. We will carefully consider the impact of these changes on access by students from disadvantaged backgrounds and how we continue to encourage and support people from all socio-economic backgrounds to become nurses, midwives and AHPs as part of the consultation. Following implementation of the policy, the government will carefully monitor application and attrition rates for students from disadvantaged backgrounds.

- Resident Status and Migrants

- 13.3. The NHS Bursary scheme is open to eligible students who have been ordinarily resident in the UK for three years prior to the start of their course. Students applying for higher education student funding have to meet personal eligibility criteria set out in the relevant Regulations. These provide for persons who are settled in the UK, acquired the right of permanent residence, are refugees, those who have been granted Humanitarian Protection, who have a period of long residence in the UK, Migrant/Frontier Workers and self-employed persons from the EEA/ Switzerland, settled UK persons who have exercised a right of residence elsewhere in the EEA, EU Nationals, children of Swiss Workers in the UK, and children of Turkish Workers in the UK. Generally, applicants also need to have been ordinarily lawfully resident in the UK and Islands through-out the three year period preceding the first day of the first academic year of the course; and ordinarily resident in England. EU Nationals can access tuition fee loans if they have been resident in the EEA and Switzerland for three years although to access maintenance loans they need to have a period of residence in the UK of five years.
- 13.4. This means that the reforms may have an impact on the eligibility of new healthcare students that have between 3 and 5 years ordinary residence, there is currently no data available to assess the size of the impact as data is not collected on how many years students have been resident in the UK if it is at least 3.
- 13.5. DfE consulted on proposed criteria for access to student support for those who did not have indefinite leave to remain. From the 2016/17 academic year onwards students may be eligible if they meet the following criteria:
- under 18 years of age on the first day of their first academic year and have lived in the UK for at least 7 years (including 3 years of lawful ordinary residence before the first day of the first academic year of the course);
 - aged 18 years and above on the first day of their first academic year and have either spent at least half their life in the UK or at least 20 years in the UK (including

3 years of lawful ordinary residence before the first day of the first academic year of the course).

- 13.6. The NHS Bursary Scheme also amended its rules to allow access to students with this immigration status. As such, there is no impact on these students moving to the student loans system.

- The Family Test

- 13.7. The Family Test was introduced on 31 October 2014. The objective of the test is to introduce an explicit family perspective to the policy making process, and ensure that potential impacts on family relationships and functioning are made explicit and recognised in the process of developing new policy.

- 13.8. Rather than removing financial support for postgraduate students and forcing courses to close this reform will ensure the profession is opened up and available to those who may be more likely to develop in clinical expertise and leadership. The mitigations described in this document have a clear emphasis on financially supporting those with childcare responsibilities which should have a positive impact on family formation. One area of concern highlighted in the consultation was for students who fall pregnant and need to return to their studies later. However, SFE have been instructed to be particularly sympathetic towards those students who have dependants and the government expects HEIs to work with their students and SFE to ensure healthcare students who fall pregnant are given adequate support to return to their studies. The government is also looking to ensure that, as far as possible, clinical placements result in limited disruption to family life.

- 13.9. A further area highlighted was the impact on independent students. Generally speaking, independent students are those that have financially supported themselves for three years prior to their course commencing, are married or in a civil partnership or are responsible for a dependent child under the age of 18. The financial assessment of such students for the means-tested element of bursaries and loans does not take into account their parents' income. However, for those that are married or in a civil partnership at the start of their course their partner's income will need to be declared and taken into account for means-testing, potentially decreasing the loan available to them. On separation, independent students may see an increase in maintenance loan, unless of course they revert to being dependent on parental income. Under the loans-based model the proportion of the loan that is means-tested is significantly smaller than under the current bursary rules¹⁵.

- 13.10. Therefore, where the policy may have an impact it is likely to be through the following:

- Where a low income household has a member commencing a course currently funded by the NHS Bursary, these changes will provide them with increased living

¹⁵ <http://www.practitioners.slc.co.uk/media/6934/sfe-1617-assessing-financial-entitlement-final.pdf>

Other identified groups

cost support and a range of potential allowances, which would be expected to reduce the likelihood of financial pressures affecting the stability of the family relationship.

- A consequence of the policy is that more students from low income backgrounds will graduate with longer periods of student loan repayments. In theory this might delay partners' decision to marry or become financially co-dependent. However, the repayments are income contingent and would therefore be expected to have only minimal or no impact on family relationships.

14. Summary of analysis

- 14.1. Having a variety of skilled specialists in the NHS workforce helps ensure patients receive the best treatment possible. Anecdotal evidence suggests postgraduate students are more likely to move on to areas of clinical expertise or leadership and thus failing to fund them could have a detrimental effect on healthcare provision.
- 14.2. The reforms will increase the amount of student loan borrowing for postgraduate students and could lead to a fall in student numbers. The government has acknowledged that, due to the student intake, the impact will fall largely on women, older students and, to a lesser extent, students from ethnic minorities. It has taken steps to mitigate some of these risks. The new loans system will offer more upfront support, particularly for disabled students, in-built protection for low earners, significant support for childcare and an exceptional hardship fund.
- 14.3. The government worked through several options for the reforms. Retaining the bursary was unsustainable for universities and the workforce supply, the PGML package was inadequate and offered poor coverage whilst self-funding may have led to a drastic fall in student numbers and made courses unviable. Therefore the model proposed is the most viable option to ensure the long-term sustainability of university courses, the postgraduate student intake and the needs of the healthcare workforce.
- 14.4. The government has acknowledged that a mixed-model for DHDT students from 2018/19 is not an ideal solution but is a measured response that will ensure a sustainable long-term funding model and workforce supply. The five providers in question will be required to restructure their courses by the 2019/20 academic year and the student intake will then fall into line with the wider DHDT loans-based funding model.
- 14.5. The current student population is comprised of students from a wide variety of backgrounds those from lower income backgrounds, women, mature students, and students with dependants and students from ethnic minorities. Ensuring that the changes to funding mechanisms do not have a disproportionate adverse financial impact on such groups and act as a disincentive to participation in these healthcare courses is crucial. To this end, the Department has worked with external experts to develop options to support exceptional cases where nursing, midwifery and allied health students find themselves in severe financial hardship. This is in addition to the targeted funding DHSC provides for childcare and travel and accommodation costs. We will also continue to look for suitable opportunities, including through existing stakeholder forums, to monitor the impact on the policy.

15. Further points

- Engagement and involvement

15.1. Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? (Y/N) Y

- How have you engaged stakeholders in gathering evidence or testing the evidence available?

15.2. The public consultation to the healthcare education funding reforms, from 7 April 2016 to 30 June 2016 has been used as the main source of engagement with stakeholders and has fed into further analysis of the impact of these changes, informing this revised equality analysis.

- Eliminate discrimination, harassment and victimisation

15.3. Neither the current bursary package nor the standard support package directly discriminate on the basis of disability, gender, race/ethnicity, age, pregnancy and maternity, religion or belief, sexual orientation or against students who have undergone / are undergoing gender reassignment. We have highlighted steps taken to mitigate against the adverse impacts on certain groups, particularly women. We have also emphasised that the alternatives would have led to even stronger adverse effects and had a detrimental effect on workforce supply. The pregnancy and maternity characteristic has increased significance due to a larger proportion of female nursing, midwifery and AHP students and the older demographic. As outlined above, we have developed options to support any prospective students who may be potentially disadvantaged from changes to funding mechanisms.

- Advance equality of opportunity

15.4. The policy aligns with the principle of fair access to higher education placing pre-registration postgraduate nursing, midwifery and AHP students on the same loans-based model as the general undergraduate student population, given the other options were not financially sustainable for institutions or individuals. The living cost support under the loans-based model will be significantly greater than bursary provision currently in place to assist with living expenses prior to graduation. In 2017/18, £8,430 was available as loan per annum for maintenance of students under Student Finance England provisions, as opposed to a total of £3,643 per annum in grant under the NHS Bursary system. In addition, the student support regulation rates for allowances for students (i.e. adult dependant's allowance, parents' learning allowance and childcare allowance) are, in general, higher than the NHS Bursary Scheme allowances.

15.5. Under the move from bursaries to the loans-based model, the pregnancy and maternity characteristic and considerations around child dependants also have an increased significance due to the nature of healthcare courses (containing clinical placements) and that a larger proportion of nursing, midwifery and AHP students are female and of an older demographic. The government has engaged with stakeholders and will also make available funding of £1,000 per person with child dependents to offer

extra support to this group. There is also extra funding for support for those who have extra travel and accommodation costs due to placements and those who experience exceptional hardship.

- Foster good relations between groups

15.6. This system would allow postgraduate nursing, midwifery and AHP students to receive funding on an equitable basis to other students. In most cases, the loans-based model supports students at a significantly higher rate than under the existing NHS Bursary scheme. Where there appears to be a potential adverse effect on students in certain circumstances, for example those experiencing severe financial hardship, the government is committed to providing access to support to those who may be potentially disadvantaged and thus foster good relations.

- How have you engaged stakeholders in testing the policy or programme proposals?

15.7. The public consultation was used to test with stakeholders how the reforms can be successfully delivered.

- For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

15.8. The public consultation to the healthcare education funding reforms, from 7 April 2016 to 30 June 2016 was used as the main source of engagement with stakeholders. The government response to the consultation was published on 21 July 2016.

- What is the overall impact?

15.9. Without a suitable funding model the government risked a steep decline on its current intake of postgraduate students. Not only would this have had a detrimental effect on overall workforce numbers it is likely to have reduced the future levels of expertise and clinical leadership in the Service. Without the mixed model envisaged for DHDT students in 2018/19 there could be a detrimental impact on workforce supply and courses could be forced to close as a result.

15.10. The student support for living costs will be significantly greater than the bursary provision currently in place to assist with living costs whilst students are undertaking their course. In the wider higher education system the introduction of £9,250 fees has not put students off from applying for higher education, with record entry rates for young people from disadvantaged backgrounds of 20.4% this year. Nevertheless the financial implications of repaying student loan borrowing for both an undergraduate and postgraduate course will need to be evaluated as the increased financial burden may lead to a substantial drop in postgraduate student numbers across all protected characteristics.

15.11. The demographic profile of nursing, midwifery and AHP students means that this policy would have the most significant impact on women and older students. Statistically, women over the age of 25 are more likely to give birth, meaning that the pregnancy and maternity, and carers' characteristics are also of increased significance for this policy. As such, child dependant allowances, travel expenses and a hardship fund are available.

Further points

- Addressing the impact on equalities

15.12. The government is committed to ensuring that aspirant students from all backgrounds can continue to pursue health careers. The increasing participation from disadvantaged groups in the wider higher education system has been underpinned by access agreements. Any university that wants to charge tuition fees for a full-time course above the basic amount (currently £6,000) for any course up to a maximum of £9,250 (in the 2017/18 academic year) must have an access agreement approved. Access agreements are plans which set out how the institution will promote access to higher education by under-represented groups through measures such as outreach (e.g. summer schools, mentoring, after-school tuition, links with schools and academies in disadvantaged areas); activities to improve retention and success, and financial support such as targeted bursaries and scholarships.

- Action planning for improvement

15.13. There are data issues in the following areas:

- 1. the quality of disability data in relation to bursary recipients;
- 2. no data in relation to persons undergoing gender reassignment;
- 3. poor data on pregnancy and maternity for the general student population;

15.14. Without such data it will not be possible to assess the true impact upon the groups listed above. A few consultation responses from organisations, for example from UNISON, the Royal College of Nursing and Nuffield Trust, provided some further data through surveying their members or undertaking economic analysis which have been considered as part of the consultation response.

15.15. The government is committed to monitoring and evaluating data in real time and will ensure that its analysis for all diversity characteristics is as comprehensive as possible.

- Please give an outline of your next steps based on the challenges and opportunities you have identified.

15.16. We will work with the relevant bodies, such as DfE and the SLC and HEFCE to continue to improve data quality and availability where we have identified gaps in the current provision.